

not expect to perform obstetrical services as part of that practice in most areas of Illinois. This may indeed be a sad commentary on the current climate of practice and, as Dr Rodney points out, especially for rural and underserved groups.

SARA C. CHARLES, MD
Professor of Clinical Psychiatry
Department of Psychiatry (M/C913)
University of Illinois at Chicago
912 S Wood St
Chicago, IL 60612

REFERENCE

1. Pyskoty CE, Byrne TE, Charles SC, et al: Malpractice litigation as a factor in choosing a medical specialty. *West J Med* 1990; 152:309-312

Just Say No?

TO THE EDITOR: In "The New Disease Model of Alcoholism" in the May issue,¹ Dr Wallace cites studies indicating that some people are genetically predisposed to drink alcohol and that some people are genetically predisposed to be harmed by alcohol. "Studies of drugs other than alcohol," he says, "have shown similar results." Given these genetic predispositions, "and a psychosocial environment that encourages repeated exposure to alcohol, illness predictably results." He concludes that if its devastating effects are to be stopped, alcoholism must be understood, according to the "new disease model," as a "biopsychosocial disease," "rather than a problem of will-power, character, or morality."

Genetic predispositions—although interesting—are at present therapeutically irrelevant. What successes we see in prevention and treatment rely for the most part on addiction being addressed—in contradistinction to Dr Wallace's view—as a problem of personal responsibility and fortitude. Some people who are at apparently high familial and psychosocial risk never become addicted. Are they not to be credited for having made good, tough, responsible decisions? Some people, after years of hard-core addiction, "just say no"—sometimes by virtue of their own resolution and sometimes in connection with groups such as Alcoholics Anonymous. In the absence of effective disease model interventions, helpers addressing the problem of addiction must try to reinforce the very qualities that Dr Wallace repudiates.

STUART C. GOLDSTEIN, MD
Danville, CA 94526

REFERENCE

1. Wallace J: The new disease model of alcoholism, *In* *Addiction Medicine* (Special Issue). *West J Med* 1990 May; 152:502-506

* * *

Dr Wallace Responds

TO THE EDITOR: Dr Goldstein has raised several important issues in his letter. With regard to therapeutic applications of research on genetic predispositions to alcoholism, there are several things to bear in mind. While biomedical applications are not yet available, patients do benefit from cognitive uses of this material. Many patients entering treatment for alcoholism suffer from irrational guilt and self-blaming. Guilt of this nature and self-blaming are associated with continued relapse and not stable recovery. We find it useful to teach patients that while they are not to blame for developing the disease of alcoholism, they are indeed responsible for doing something about it.

It is true, as Dr Goldstein has pointed out, some people who are apparently at high familial and psychosocial risk do not become addicted. We do not know, however, how many such persons exist, nor do we know the factors that enable

them to escape addiction. Without question, such persons are deserving of close scientific study.

Dr Goldstein sees more of a role for will-power, personal resolutions, and morality in the treatment of addictions than I do. Advising people caught in the throes of addiction to alcohol and other drugs to "just say no" is rather like telling the schizophrenic to just stop hallucinating, urging the bipolar patient to just calm down, and asking the severe affective disorder patient to cheer up. Alcoholics Anonymous (AA) does not urge people to "just say no," as Dr Goldstein states. Alcoholics Anonymous suggests that alcoholics must first admit that they have become powerless over alcohol and that their lives have become unmanageable. Paradoxically, it is in the admission of powerlessness over alcohol that AA people gain access to other sources of power over the disease of alcoholism and not "by virtue of their own resolution."

Finally, the recent research on genetics and brain chemistry serves to remind us that alcoholics have been stigmatized too long as people of weak will, flawed character, and low morals. Alcoholics are not weak people trying to be strong people. Nor are they bad people trying to be good people. They are ill people trying to get well.

JOHN WALLACE, PhD
Edgehill Newport
200 Harrison Ave
Newport, RI 02840

Physician Diversion Programs and AA

TO THE EDITOR: In "Diversion Programs for Impaired Physicians" in the May issue,¹ it is obvious that Chet Pelton and the California Diversion Program embrace Alcoholics Anonymous (AA) as their recovery tool. Indeed, in diversion, AA is literally synonymous with recovery. Physicians who find themselves subjects of the diversion program are expected to embrace AA and work the 12 steps of AA. Chet Pelton states that to complete the program "physicians must demonstrate a life-style that will support sobriety for the rest of their lives." He means AA.

Anyone who is familiar with AA and the 12 steps will be aware of its religious nature. We are expected to "turn our will and lives over to God. . ." and through "prayer and meditation improve our conscious contact with God. . ." The AA "big book" says "without help it is too much for us. But there is One who has all power—that One is God. May you find Him now!"

Those of us, nonbelievers, who do not subscribe to magical thinking and irrational beliefs have this AA "religion" forced upon us by a government agency! Chet Pelton, his compliance officers, and members of the drug evaluation committees are, as a rule, recovering persons who have fully embraced the AA doctrine. Their lives and livelihoods depend on AA. At my first encounter with a drug evaluation committee, a physician member jumped to his feet and cursed at me after I made a remark that was critical of AA.

There are secular alternatives to AA—secular sobriety groups are starting up in many large cities—but many AA members are openly hostile to these, viewing them as a threat to AA. According to AA belief, God is the only one who can make one whole, and building a "spiritual program" and having a personal relationship with God is the only thing that can keep one sober. These people are very skeptical that an atheist can stay sober. A sober atheist is a threat to their own belief system.

The California Diversion Program has a 72% success rate because the physicians attend group discussions where they can work out their problems, they are monitored with